## P170000 | 1505

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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: CARE 2 INVEST INC

(Name of Corporation)

DOCUMENT NUMBER: P17000011505

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLAIRE M. MIGNON

(Name of Person)

CARE 2 INVEST INC

(Name of Firm/Company)

2933 SE 2ND DR UNIT 5

(Address)

HOMESTEAD, FL 33033

(City/State and Zip Code)

For further information concerning this matter, please eall:

CLAIRE M . MIGNON ", 786 \ 220-5059

(Name of Person)

(Area Code & Daytime Telephone Number

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

LAVERY, HILDA	, hereby resign as SE	ECRETARY
of CARE 2 INVEST, IN		(Title)
P17000011505 (Document Number, if known) FLORIDA	oration) rporation organized under t	he laws of the State of
HILDA AVERY (Mai 19, 26) 7 (Signature	e of resigning officer/director)	
FILING	G FEE IS \$35.00	MI APR -3 P IZ SECRETARY OF ST
Make checks payable to Flor	rida Department of State	and mail

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314